

**Mental Health Services Act (MHSA) Performance Contract Review Report**  
**AMENDED Santa Clara County Program Review**  
**May 18, 2021**

**Finding #1:** Santa Clara County did not provide a description of county demographics, including but not limited to: size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity in the adopted FY 2019 Annual Update (Update). (California Code of Regulations, title 9, section 3300(b)(4)).

**Recommendation #1:** The County must include county demographics, including but not limited to: size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity, in the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.

**Finding #2:** Santa Clara County did not include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2019 Update. (Welfare and Institutions Code section 5848; Cal. Code Regs., tit. 9, §§ 3315, 3300).

**Recommendation #2:** The County must include a description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

**Finding #3:** Santa Clara County did not submit the adopted FY 2019 Update to the Department of Health Care Services (DHCS) within 30 days after adoption by the County Board of Supervisors, which occurred on May 21, 2019. (W&I Code section 5847(a)).

**Recommendation #3:** The County must submit the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter to DHCS within 30 days of Board of Supervisor approval.

**Finding #4:** Santa Clara County did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category for each fiscal year in the adopted FY 2019 Update. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

**Recommendation #4:** The County must provide an estimate of the number of FSP clients to be served in each age group: children (0-15), transitional age youth (16-25), adult (26-59), and older adult (60 and older) for each fiscal year in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

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**Finding #5:** Santa Clara County did not report cost per person for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) programs in the adopted FY 2019 Update. (W&I Code section 5847(e)).

**Recommendation #5:** The County must report cost per person for CSS, PEI, and INN programs in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent Plan and Update thereafter.

**Finding #6:** Santa Clara County did not specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs, to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services including timeframes for measurement in the adopted FY 2019 Update.(Cal. Code Regs., tit. 9, §§ 3750(d), 3755(f)(3); W&I Code section 5840).

**Recommendation #6:** The County must specify the methods and activities to be used in each of their Stigma and Discrimination Reduction Programs, to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services including timeframes for measurement in the adopted FY 2020-23 Plan and FY 2021-22 Update, and each subsequent Plan and Update thereafter.

**SUGGESTED IMPROVEMENT**

**Item #1:** MHSA Plans and Updates

**Suggested Improvement 1:** DHCS recommends the County clearly identify the County's underserved/unserved populations in the County demographics section of the adopted Plans and Updates.

**TECHNICAL ASSISTANCE**

The Findings and Suggested Improvements outlined above pertain to the adopted FY 2019 Update. The following items represent a list of technical assistance provided to the County during the review call on May 18, 2021 and pertain specifically to inconsistencies and clarity issues identified in the adopted FY 2018-20 Plan. All Findings, Suggested Improvements and Technical Assistance items in this Performance Contract Review report must be addressed by the County in all future Plans and Updates.

#1. The adopted FY 2020-23 Plan must include the bilingual proficiency in threshold languages for service providers in the County's assessment of its capacity to implement proposed MHSA programs. (Cal. Code Regs., tit. 9, § 3650(a)(5)(A)).

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#2. The adopted FY 2020-23 Plan and FY 2021-22 Update must include documentation of achievement in performance outcomes for CSS, PEI and INN. (County Performance Contract (6.)(A.)(5)(d.); W&I section 5848).

#3. The adopted FY 2020-23 Plan and FY 2021-22 Update PEI and INN program names listed in the budget must be consistent with the names in the approved ARER. The budget in the approved Plan and Update must be consistent with the approved ARER. If the program or service did not occur, report the program or service on the approved ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Plan and Update. (W&I Code section 5892(g); Cal. Code Regs., tit. 9, § 3320(a)).

#4. The adopted FY 2020-23 Plan must be converted onto a three year cycle corresponding with the FY 2020-23 and encompass the fiscal year starting with July 1, 2020 through June 30, 2021, FY 2021-2022 (July 1, 2021 through June 30, 2022, FY 2022-2023 (July 1, 2022 through June 30 2023) and each subsequent Plan thereafter (i.e., FY 2020-2023, FY 2023-26, FY 2026-30).

#5. The adopted FY 2020-21 Update title page 'fiscal year' must be spelled out (i.e., FY 2020-21, not FY 2020) and reflect the fiscal year identified (i.e., July 1, 2020 through June 30, 2021) and for each subsequent Update thereafter.

**SUMMARY**

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of Santa Clara County Behavioral Health Services' adopted FY 2018-20 Plan and FY 2019 Update on May 18, 2021.

The County provided a very detailed summary of the Community Program Planning Process (CPPP) activities in the adopted FY 2017-20 Plan and it was clear to see how well the County engaged stakeholders and used feedback to develop programs and services for the Plan. Additionally, the County provided a thorough description of achievement of program performance outcomes in the FY 2019-20 Update. Specifically, they included proposed program changes to improve consumer impact for each program so stakeholders could see at a glance some of the challenges the County faces and how the County is working to mitigate these challenges to ensure better outcomes.

Santa Clara County has faced multiple challenges due to the COVID-19 pandemic. For its' CPPP, the County had to shift to virtual town hall sessions to elicit input from the community and faced technological challenges. Additionally, the County saw a decrease in services provided to children and youth due to school closures, which necessitated holding additional virtual town halls to communicate information and

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resources to the community. The County also continues to face challenges with capacity issues for outpatient services for adults and older adults.

One of the positives of shifting to virtual meetings for the CPPP, was that participation expanded to people who previously had travel barriers in attending in person meetings. Another major benefit of telehealth services has been for the Transitional Aged Youth (TAY) population. The County has seen an increase in referrals and this mode of service delivery has greatly benefitted this population. Lastly, in terms of individuals involved in the justice system, providers were able to utilize technology, such as iPads, to screen individuals. Additionally, providers were creative in transporting individuals to services and appointments by utilizing Uber driving services available in the community.